

Electronic Signature Agreement

Employer or Employing Entity Name	Employer Identification Number	NPI
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Individual Name (Doctor, Dentist, Nurse, etc..)	NPI
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The undersigned Individual and Employing Entity attest that they have entered into an agreement effective on the date indicated below. Both parties agree an authorized representative of the Employing entity has the authority to sign and submit the Michigan Department of Community Health Medical Assistance Provider Enrollment Trading Partner Agreement.

Individual Signature	Date
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